2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Aug 16, 2006 8:00 am Secretary of State DOCUMENT # P03000044519 08-16-2006 90003 012 ***555 00 BROWN VAN LINES, INC. Principal Place of Business Mailing Address 698 BRISBONE ST 698 BRISBONE ST PALM BAY FL 32907 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address 698 Brisbane 698 Brisbane St. NE. Suite, Apt. #, etc._ Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) . Applied For City & State 30-0177632 Pour Bay, Not Applicable 32 907 - Agent \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Brown, Jerome F Jr. Street Address (P.O. Box Number is Not Acceptable) BROWN, JEROME F JR. 324-C VERSAILLES DR. MELBOURNE BEACH FL 32951 698 Brisbane St. NE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Jerome F. Brown Jr FILE NOW!!! FEE IS \$550.00 S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Make Check Payable to Florida Department of State Trust Fund Contribution. not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE IIII F Delete (X) Change Addition Brown, Jerome F. Jr. 698 BrisBANE St. NE. BROWN, JEROME F JR NAME 698 BRISBONE ST STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP Palm Bay, FL 32907 THLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

8-11-06 321-288-2651